



IFW #

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Alan S. REITZ et al.

Serial No.: 10/716,510

Group Art Unit: 3764

Filed: November 20, 2003

Examiner: Not Yet Assigned

For: LOW RESISTANCE EXERCISE AND REHABILITATION CHAIR

**PETITION TO ADVANCE EXAMINATION UNDER 37 CFR \$1.102(c)**  
**AND MPEP \$708.02 (IV)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a certified copy of the birth certificate of Paxton P. Powers, one of the applicants in the above application establishing that he is over the age of 65.

Accordingly, Applicants petition to make this application special and request expedited examination of this application.

Attached is Form PTO-2038 in the amount of \$130.00 to cover the requisite fee. The Commissioner is also authorized to charge payment of any other additional fees associated with this communication or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is attached.

06/01/2004 SDENB01 00000065 10716510

01 FC:1460

130.00 OP



Respectfully submitted,  
JACOBSON HOLMAN, PLLC

By: *Harvey B. Jacobson, Jr.* *Reg. No. 17393*  
*for:* HARVEY B. JACOBSON, JR.  
Reg. No. 20,851

400 Seventh Street, N.W.  
Washington, DC 20004  
(202) 638-6666  
Atty. Dkt. No.: P69265US0  
Date: May 28, 2004

PLACE OF BIRTH Dist. No. 1361 Series No. 68 Division of Vital Statistics  
 (Dist. No. and Series No. to be inserted by local Registrar)  
 West Virginia State Department of Health

County of Greenbrier CERTIFICATE OF BIRTH  
 District of Lawrence No. \_\_\_\_\_ Street \_\_\_\_\_  
 Town or City of Cardwell  
 Full Name of Child Patton Pitman Powers { If child is not yet named, make supplemental report, as directed.  
 (Do not write in this space if child is not yet named)

Sex of Child <u>M</u>	Answer only in case of Twins or Triplets Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> { and } No. in Order of Birth <u>1</u>	Are Parents Married? <u>Yes</u>	Date of birth <u>12</u> <u>31</u> <u>1922</u> (Month) (Day) (Year)
Full Name FATHER <u>Harry M Powers</u>		Name Before Marriage MOTHER <u>Helen Victoria Totten</u>	
P. O. Address <u>Brunswick, Md.</u>		P. O. Address <u>Brunswick, Md.</u>	
Color <u>M</u>	Age at last birthday <u>42</u> (Years)	Color <u>M</u>	Age at last birthday <u>33</u> (Years)
Birthplace <u>Md.</u>		Birthplace <u>N. Va.</u>	
Occupation (and industry) <u>Rail Road</u>		Occupation <u>Housework</u>	
Did you place in each eye of the baby, a one per cent solution of Nitrate of Silver immediately after birth? <u>Yes</u>			
Number of children born to this mother, including present birth? <u>4</u> Number of children of this mother now living <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.,  
 on the date above stated. Born alive or stillborn. (Hours A. M. or P. M.)

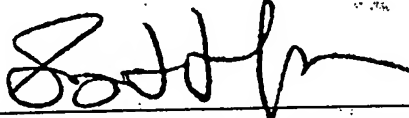
(Signature) W. R. Beard  
 (Physician, Midwife, Parent)

Address Lawrence, N. Va.  
 Filed 1-15 1923  
 Registrar.

\*When there was no attending physician or midwife, then the father, or mother, should make this return.  
 A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Given name added from supplemental report. \_\_\_\_\_ 192\_\_\_\_\_  
 Registrar.

I hereby certify that the above is a true photographic copy of a record filed with the Vital Registration Office, Bureau for Public Health, Charleston, West Virginia.

Witness my hand and seal this fifteenth day of May, 2002.

  
 Gary L. Thompson, State Registrar